

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUREAU OF THE CENSUS
FILED APR 15 1942

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 40

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
431 E VERT 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.....
(If rural, give location) 0
(e) Citizen of foreign country?.....
(Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME ALICE WINFIELD

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY WINFIELD 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 3-12-1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 20 If less than one day hr. min.

9. Birthplace HOLLYSPRINGS MISS.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business.....

MOTHER FATHER { 12. Name UNKNOWN 9

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY WINFIELD

(b) Address 431 E VERT

17. (a) BURIAL (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARSHALL MO

18. (a) Signature of funeral director E. D. FERGUSON

(b) Address MARSHALL MO

19. (a) 27 or 5 1942 (b) Mrs. T. O. Woodruff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1942 hour..... minute 4:30 A.M.

21. I hereby certify that I attended the deceased from Feb 1 -
1942 to March 2 1942
that I last saw her alive on Feb 28-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Duration 2 wks
From

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury D

23. Signature W. H. Madison (M. D. or other).....

Address Marshall Mo Date signed 3-5-42

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-14-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

F. H. Ferguson

Licensed Embalmer No. 2172

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12194

Registration District No. 794

Primary Registration District No. 3038

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Alice Winsfield

3. (b) If veteran, name war (c) Social Security No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased mar 12 1895 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days (If less than one day min.)

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Bright disease (Chronic)

Due to

Due to W.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Marshall Mo Date signed 3/4/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-12194

1945